

CITY OF JANESVILLE

Taxi Cab Driver License Application (LM) Licensing Period: July 1 through June 30

Requirements:

1. 18 Years of Age.
2. Two ID Size Photos of Head & Shoulders.

☐ New ☐ Renewal	 1. 18 Years of Age 2. Two ID Size Pho 3. License MUST b 	tos of Head &		Fee: \$35.00 City Ordinance: 5.80.070	
	4. License is nontra	ansferable.			
Note: City of Janesville ordin	-	unts with the Con-refundable.	-	t before a license can be issued.	
Legal Name:			Phone #:		
Last	First Middle				
Address:	0''		01.11	7	
Previous Address (if less than 3	City 3 years at present addres	ss):	State	Zip	
Street	City		State	Zip	
			Otato	∠ i₽	
Firm or Company you are going	to drive loi.				
Company Address:	Street	City	State	Zip	
Number of years driving experie		J.1.,		,r	
	<u></u>				
Number of auto accidents in wh		olved:			
Previously employed as driver b		200		Address	
	Company Na	ame		Address	
	Dates of emplo	yment		How long employed	
List any convictions in any court	of record for any offense	e within the pre	evious five ye	ars:	
Has your driver's license been s	uspended or revoked in	this or any oth	er state?	YesNo	
If yes, list location and date:					
Required Applicant Information					
Social Security Number:	Height:	Weigh	ıt:	Hair Color:	
Date of Birth: / /	Age:	Sex:		Eye Color:	
Place of Birth:	Race:	oto).		Glasses:	
Identifying Marks (birthmarks, se	cars, tattoos, moustache	, etc):			
I have truthfully answered all qu					
a damany anomorou an qu	estions on this application	n.			
	estions on this applicatio	n.			
0:	estions on this applicatio	n. 			
Signature of Applicant	Date				
Police Department Recommend	Date	n. Yes _		No	
	Date	Yes _	N		
	Date	Yes _		ıre	